PTO/SB/06 (08-03)

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Substitute for Form PTO-875										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHEF SMALL	/ 1
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		FEE		RATE_	FEE
BASIC FEE (37 CFR 1.16(a))					s	OR		s		
	L CLAIMS FR 1.16(c))	10	minus 20 = - D			x \$=		OR	× \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AS	minus 3 = *			× \$=		OR	× \$=/	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+\$=	-	OR	+ \$=	
• If th	e difference in c	olumn 1 is less tha	ın zero, ent	er "0" in column 2	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										
						01111		OR		RTHAN
$\vdash$	0/ .	(Column 1) CLAIMS	<u> </u>	(Column 2) HIGHEST	(Column 3)	SMALL E	NIIIY	Ī		ENTITY
NT A	7/20/06	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
N N	Total (37 CFR 1.16(c))	. //	Minus	<i>" 20</i>	= //)	x \$=		OR	× \$=	
MENDMENT	Independent (37 CFR 1.16(b))	. /	Minus	3	= ()	x \$=		OR	x \$=	
₽	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$=		OR	+ 5 =		
						TOTAL ADD'L FEE		OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)										
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$=	
AMENDMEN	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	x \$=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)								•		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	3	RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.